

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083876

1. Entity Name

WESTMONT PROPERTY CORPORATION

Principal Place of Business

Mailing Address

431 EAST HORATIO AVENUE
SUITE 210
MAITLAND FL 32751

431 EAST HORATIO AVENUE
SUITE 210
MAITLAND FL 32751-4560

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-340990

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate or Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, MARVIN M
431 EAST HORATIO AVENUE
SUITE 210
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature is required on all statements.)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	☐ Delete
NAME	MARVIN SHAPIRO	
STREET ADDRESS	431 E HORATIO AVE STE 210	
CITY-STATE-ZIP	MAITLAND FL	
TITLE	ST	☐ Delete
NAME	ANDREA SHAPIRO	
STREET ADDRESS	431 E HORATIO AVE STE 210	
CITY-STATE-ZIP	MAITLAND FL	
TITLE	AT	☐ Delete
NAME	SHERMAN, B.	
STREET ADDRESS	431 E HORATIO AVE STE 210	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

OK To Pay
4/10/00
je

900003258573-7
-05/19/00--01008--022
****150.00 ****150.00

LS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption under Chapter 607, Florida Statutes. I further certify that the information provided on this notice or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that a witness appears in Block 11 or Block 12 if changed or added immediately with an address, with all other like empowered.

SIGNATURE

Beila Sherman Beila Sherman

Director

4/26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIEW

Continuation #

CR2F 134 (9/99)